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SECRETARY OF SINTE

OCT - 3 2012

T. HAMPTON

COVER LETTER

TO: Registratio Division of	n Section ' Corporations		
SUBJECT:	NIXZ F	IOLDINGS LLC	
	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	respondence concerning this matte	er to the following:	
	L	aurence S. Zimmerman	
		Name of Person	
		NIXZ HOLDINGS LLC	
	380 Le	exington Avenue, 17th Floor	
		Address	
		New York, NY 10168	
		City/State and Zip Code	
	E mail of Grane	Isz@landoverilc.com (to be used for future annual report notific	otion)
			ation)
For further informati	on concerning this matter, please	call:	
	rence S. Ziimreman	at (41-7998
Na	me of Person	Area Code & Daytime	Telephone Number
Enclosed is a check f	for the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

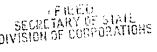
...

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION



	12 OCT -2 APTI 4"		
NIXZ HO	OLDINGS LLC		
(Name of the Limited Liability	Company as it now appears on our records. Limited Liability Company)		
(A Florida L	Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on September 21,2012 and assigned		
Florida document number L12000121181			
Florida document flumoer			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:		
Name of New Registered Agent:			
New Registered Office Address			
	Enter Florida street address		
	, Florida		
,	City Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Jay Demetree	1551 Atlantic Avenue, Suite 300 Jacksonville, FL 32207	✓ Add Remove
			Add Remove
	·····		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary	2.)
			SECRE FARY OF DIVISION OF CORPC
Dated	September 27	2012 2	LED STATE CORPORATIONS
	Signature of a	member or authorized epresentative of a member Laurence S. Zimmerman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00